

FILED

4/4/2018

EAA

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

JAN 17 2018

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Berl McKinnie

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

1:18-cv-00471

Judge John Z. Lee

Magistrate Judge Geraldine Soat Brown

PC8

C

(To be supplied by the Clerk of this Court)

vs.

Nurse Assistance Taylor

Nurse Wright

Nurse Leon

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

EAA

I. Plaintiff(s):

A. Name: Berl mckinnie

B. List all aliases: N/A

C. Prisoner identification number: NS1640

D. Place of present confinement: COOK County JAIL

E. Address: Po Box 089002 Chicago IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Taylor

Title: Nurse Assistance

Place of Employment: COOK County JAIL

B. Defendant: Wright

Title: Nurse

Place of Employment: COOK County JAIL

C. Defendant: Leono

Title: Nurse

Place of Employment: COOK County JAIL

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

List #11 Law Suits

A. name of case And docket number - 16C9030

B. approximate date of filing

C. List all defendant Sgt. Dally, - tom Dart

D. Court in which the lawsuit was filed Northern District

E. name of Judge John Z. Lee

F. Basic claim Deliberate Indifference

G. Disposition of this case Pending

H. Approximate date of disposition Pending

List #11 Law Sut

A. name of case and Docket number McKinzie v Dart - 15cv10855

B. Approximate date of filing in 2015

C. List all Plaintiff Bed McKinzie

D. List A Defendant tom Dart

E. Court in which the lawsuit was filed Northern District

F. name of Judge Don't remember

G. Basic claim Deliberate Indifference

H. Disposition Pending

I. Approximate date of disposition Pending

I. List all lawsuits you have filed

A. Name of case and docket number 14 CR 185289

B. Approximate date of filing lawsuit 8-24-15

C. List all Plaintiff Beth McKinstry

D. List all Defendants City of Chicago, Lt. James David #1718
Lt Foley Patrick #20143

E. court in which the lawsuit was filed Northern District of Illa
Court

F. Name of Judge to whom case was assigned Unknown

G. Basic claim made defamation of character

H. Disposition of this case ██████████ Dismiss

I. Approximate date of disposition ██████████ Dismiss

III A. List All Lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number 14-cv-09588

B. Approximate date of filing lawsuit 12-1-14

C. List all plaintiffs (if you had co-plaintiffs) including any aliases Beth McKinnie

D. List all defendants Thomas Dart Sheriff of Cook County et. al

E. Court in which the lawsuit was filed (if Federal court, name the District; if state court, name the County)
Northern District of Illinois

F. Name of Judge to whom case was assigned John R. Blakey

G. Basic claim made Deliberate indifference

H. Disposition of this case (for example: was the case dismissed? was it appealed? is it still pending)
still pending settlement

I. Approximate date of disposition over unknown

LIST ALL LAWSUITS YOU (AND YOUR CO-PLAINTIFF IF ANY)
FILED IN ANY FEDERAL OR STATE COURT IN THE UNITED STATES

A. NAME OF CASE AND DOCKET NUMBER 15CV1002
Berl McKinney v. Tribune, et al

B. APPROXIMATE DATE OF FILING LAWSUIT JAN 29-15

C. LIST ALL PLAINTIFF (IF YOU HAD CO-PLAINTIFF) INCLUDING
ANY ALIASES Berl McKinney

D. LIST ALL DEFENDANTS Sunstrome Inc & Tribune Inc

E. COURT IN WHICH THE LAWSUIT WAS FILED (IF FEDERAL COURT
NAME THIS DISTRICT, IF STATE COURT, NAME THE COUNTY)
Northern District

F. NAME OF JUDGE TO WHOM CASE WAS ASSIGNED
Gefft Leman

G. DISPOSITION OF THIS CASE (FOR EXAMPLE: WAS THE CASE DISMISSED
WAS IT REHEARD IS IT STILL PENDING) Dismissed with prejudice

I. APPROXIMATE DATE OF DISPOSITION None

(P)

3 Pg 5

LIST ALL LAWSUITS you (and your co-plaintiffs if any) have filed in ANY state or federal court in the United States

A. name of case and docket number 15c2187

Ber mckinie-v-chicago city et.al

B. Approximate date of filing Lawsuit Mar 11 2015

C. List all Plaintiff (if you had co-plaintiffs) including any alias Ber mckinie

D. List all defendants: Detective Jarmuszy David #1718,
Detective Foley Patrick #20143, Chicago Police Department et.al

E. Court in which the Lawsuit was filed (if federal court, name the District; if state court, name the county): Northern District

F. name of Judge to whom case was assigned. Judge Robert M. Dow, Jr

G. Basic claim made. Defamation of character

H. Disposition of this case (for example was the case dismissed? was it appealed? is it still pending?) Dismissed with out Prejudice

I. Approximate date of disposition: N/A

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: 13 CV 682

B. Approximate date of filing lawsuit: 6-10-13

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Berl McKinnic
151646

D. List all defendants: Wexford Health Care, Martin
et al.

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Southern District of Illinois

F. Name of judge to whom case was assigned: Unknown

G. Basic claim made: Diligent Indifference
to serious medical need

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Dismissed

I. Approximate date of disposition: Dismissed

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

List All Lawsuit

A. Name of case and docket number 13-cv-01372 McKinzie v Tom Dart

B. Date of filing 2-20-13

C. List all Plaintiff Beth McKinzie

D. List all Defendants Tom Dart

E. Court in which the lawsuit was filed Northern District of Ill

F. Judge name don't know

G. claim Deliberate Indifference

H. Disposition of case Settlement

I. Approximate date of disposition Settlement

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: 16-cv-65778
McKinne v. Tom Dart

B. Approximate date of filing lawsuit: 6-1-16

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Berl McKinne

D. List all defendants: Tom Dart

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Northern District of Ill

F. Name of judge to whom case was assigned: I don't know

G. Basic claim made: Defamation

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending [Redacted]

I. Approximate date of disposition: Pending [Redacted]

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

From 2016 to 2017 Plaintiff have been harass by Nurse ASSISTANCE taylor. Plaintiff have wrote grievance after grievance on taylor for verbal harassment on Plaintiff without a Resolution or it being solve. Plaintiff talk to taylor supervisor. Nurse Wright, MS Leono with no resolution to this problem. Nurse ASSISTANCE taylor verbally abused Plaintiff by telling officer and Inmate that Plaintiff is gay, and a Baby Raper, Plaintiff is a one Leg Fag And a Sissy. One day Plaintiff seen Nurse ASSISTANCE taylor in the Hallway and she said out loud there go my Queer Sister McKinnie, Plaintiff have cry out for months on this problem with no Resolution, Plaintiff even ask taylor supervisor MS, Wright, MS Leono to move^{her} from this floor from around Plaintiff but it never happen. when this happen to another Inmate and a Nurse, MS Wright, and MS Leono had that person move

from the floor, but wouldn't do it for Plaintiff. So the verbal harassment kept going, even when Plaintiff talk to them ^{more} then three time. This have cause Plaintiff to be incarcerated under conditions posing a substantial risk of serious harm to Plaintiff safety. Plaintiff have been threatening by Inmate for what Taylor said to Inmate Officer. This is a Retaliating for Plaintiff saying that he don't like big women, and Ms Taylor are a big lady, when Officer Park had told her what Plaintiff and another Inmate was talking about Plaintiff did bring this to the attention of Taylor Supervisor and this never brought any resolution to this problem. This went on for more than a year subjecting Plaintiff to constant fear of violence. This is maliciously and sadistically for the very purpose of causing harm in prison conditions. To Plaintiff health and safety. This is a violation of Plaintiff federal constitutional rights by all of the Defendants. Plaintiff wrote grievances and did exhaustion his administrative remedies with no resolution, this is a claim failure to protect,

EQUAL Protection, due process, A violation of Plaintiff 14th 8th Amendment Rights. by Nurse Taylor calling Plaintiff Fag, Rapist, Sissy, one leg fag, PUNK, gay slurs, calling Plaintiff Derisive terms. Plaintiff are in danger of being assaulted or killed by other inmates. Plaintiff have wrote grievances and on one of the grievances the grievances Board gave MS Taylor the grievances ~~plaintiff~~ wrote on her and she responded to the grievance which is a violation of the Cook County Rules as well as Plaintiff see exhibited 1, 2 and ~~any~~ thing done about this. Plaintiff did bring it to his counselor grievances Board Attention and the grievances ~~plaintiff~~ it stand the respond did all so. All of the defendants violated Plaintiff Rights. there was no resolution to this matter. Plaintiff did cry for help and it went on dead ear. MS Wright, MS Leon Torn they ear close to Plaintiff cry and did nothing. when it was told to them by Plaintiff on many occasion and they did nothing to stop this verbal harassment on Plaintiff word they knew this could cause harm to Plaintiff safety and his life, but did nothing. Now, that some of the inmate have been move to other division tell other inmate in difference division that Plaintiff are gay and he is in here for Rape. each and every time Plaintiff go to court or to the Hospital that's call Cermak inmate come up to Plaintiff asking Plaintiff are he in here for Rape and ask are he gay because what Nurse Assistance Taylor have told them about Plaintiff. This is a on going problem here in this Cook County Jail. Plaintiff fear for his life in here this county jail. And Plaintiff wrote another grievance on MS Taylor and the Board try to Revert it and say ~~plaintiff~~ telling the employee bringing this to there attention when they are wrong the employee have been telling Plaintiff what she been saying about Plaintiff not Plaintiff bring any thing to any employee about any thing this is just a cover up for what have be done to Plaintiff by the employee of the County Jail Employee. detainees are entitled to protection against cruel and inhumane treatment under Due Process Clause. ALSO A CLAIM FOR CIVIL RIGHTS, DECLARE THAT THE ACTS WELL A VIOLATION OF Plaintiff 14th 8th Amendment Rights, DECLARE THAT THE AND COMMISSIONS DESCRIBED HERE IN VIOLATE Plaintiff RIGHTS UNDER THE U.S. CONSTITUTION, FEDERAL AND STATE LAW, AND DEPONENT TO REMEDY ON GOING VIOLATION OF Plaintiff PROPOSED RELIEF IS IN ARREST AND TAILORED TO PREVENT THE OCCURRENCE OF IRREPARABLE HARM IN THE FUTURE. ISSUE DECLARATIVE AND INJUNCTIVE RELIEF AGAINST CDOC AND THE DEFENDANTS, SUPERVISOR LEON, NURSE WRIGHT, ASSISTANT NURSE TAYLOR, ENTER JUDGEMENT IN FAVOR OF Plaintiff FOR NOMINAL, COMPENSATORY, AND PUNITIVE DAMAGES, AS ALLOWED BY LAW AGAINST EACH DEFENDANT SCANTLY AND SEVERELY

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Compensatory Damages in the Amount of 500,000
Dollar from each Defendant 500,000 Dollar in Punitive
Damages from each Defendant and nominal Damages
AS this Court Deem Just and Proper Against each
Defendant Jointly and Severally

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20 _____

Bert McKinne

(Signature of plaintiff or plaintiffs)

Bert McKinne

(Print name)

20140917248

(I.D. Number)

Po Box 069002

CHICAGO IL 60608

(Address)

COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/Apelación)

exhibit -1052

2017

220

CONTROL NUMBER

INMATE #

08732

0026549

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Kerrine

Beri

20140917248

GRIEVANCE ISSUE AS DETERMINED BY CRW:

220 misconsiderech (Non Physical)

IMMEDIATE CRW RESPONSE (if applicable):

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

Terrell

DATE REFERRED:

8/7/17

RESPONSE BY PERSONNEL HANDLING REFERRAL

This grievance statement against me is not true and didn't happen the way Mr. McKinney said it happened. First of all the nurse he's talking about is Nurse Robinson, L.P.N. She and I agreed at the nurses station that she would - see attached.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Kerry Taylor

SIGNATURE:

Kerry Taylor

DIV./DEPT.:

8-RIU-314

DATE:

6/28/17

INMATE

INMATE SIGNATURE (Firma del Preso):

Berkine Kerrine

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

6/30/17

INMATE

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

THIS SECTION IS TO BE COMPLETED BY INMATE!

- To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.
(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)
- Independent of the CCDOC procedure and after receiving an appeal decision, if you are dissatisfied with the outcome, you must submit the appeal grievance to the Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.
(De manera independiente del procedimiento del CCDOC, y tras recibir la resolución de una apelación, si no está satisfecho con el desenlace, debe enviar la queja de la apelación a Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): 6/30/17

INMATE'S BASIS FOR AN APPEAL: (Base del preso para una apelación):

Person I wrote on can't answer this grievance

TO BE COMPLETED BY INMATE

IT DID happen like I said it. You wasnt here you all just trying to cover up for nurse taylor my law will know about. and the person I wrote grievance on can't answer

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (Si) No

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

Response stands

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)): Susan Shetrel

SIGNATURE (Firma del Administrador o/su Designado(a)): Susan Shetrel

DATE (Fecha): 9/25/17

INMATE SIGNATURE (Firma del Preso):

Berkine Kerrine

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

9/25/17

INMATE



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

exhibit 20f2

220

CONTROL #

INMATE ID #

0026549

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance
 Grievance
 Non-Compliant Grievance

Cermak Health Services
 Superintendent: _____
 Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

McKinlie

PRINT - FIRST NAME (Primer Nombre):

Beri

INMATE BOOKING NUMBER (# de identificación del Preso)

20140917248

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

6-4-17

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody/inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyeurismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
6-2-17	4:00pm	Div-8-3F	Nurse Taylor

Nurse Taylor came to Acccheck on 3F but when I got to the window she slam it in my face then start talk real disrespectful to me calling me one Leg Dog when I do have one Leg she didn't want to give me my Acccheck someone else had to give it to me after the nurse got to the check she didn't have wrote multiple grievance on her for Disrespecting me now she is still do this I don't understand you we bring thing to the grievance Board don't any happen, keep her away from me

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE : (Firma del Preso):

Beri McKinlie

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

6/5/17

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

D. Wilson

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)**GRIEVANCE FORM PROCESSED AS:**

EMERGENCY GRIEVANCE
 GRIEVANCE *Exhibit D*
 NON-GRIEVANCE (REQUEST)

*4 of 6
4 of 3
Exhibit D***REFERRED TO:**

CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): <i>McKinney</i>	PRINT - FIRST NAME (Primer Nombre): <i>Bert</i>	INMATE BOOKING NUMBER (# de Identificación del detenido): <i>20140917248</i>
DIVISION (División): <i>8</i>	LIVING UNIT (Unidad): <i>3F</i>	DATE (Fecha): <i>8-27-16</i>

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente): <i>8-27-16</i>	TIME OF INCIDENT (Hora Del Incidente): <i>9:30 AM</i>	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente): <i>Dw-S6 - 3F</i>
---	--	--

On 8-27-16 Nurse taylor was giving A coucheck to check my sugar level I got up while she had a inmate at the window while I was getting my I.D. so when I got to the window to get my A coucheck she slam the window in my face and she was still sitting down so I knock on the window then she got up and looked at me and fuck you then walk out the door so I had officer charria to call Sgt Hill and I told

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I want some action done about this matter I done what the cook county told me to do write grievance on matter that not right and I did that now Nurse taylor Nurse Jackson is Retaliating against the Nurse white I need

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Bert McKinney 8-27-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

*D Wilson**D Wilson**8/29/16*

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

 EMERGENCY GRIEVANCE GRIEVANCE NON-GRIEVANCE (REQUEST)506
2013

REFERRED TO:

 CERMAK HEALTH SERVICES SUPERINTENDENT: _____ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

mckinnic

PRINT - FIRST NAME (Primer Nombre):

Beri

INMATE BOOKING NUMBER (# de Identificación del detenido):

20140917248

DIVISION (División):

S

LIVING UNIT (Unidad):

3F

DATE (Fecha):

8-27-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente):

8-27-14

TIME OF INCIDENT (Hora Del Incidente):

9:30 AM

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

Dr-8 3F

What Nurse Taylor Did so he told me he is going to look at the tank
 And he Did And seen I was at the window ont time she Refuse
 to check my AcuCheck, so Sgt Hill Sended Partime NC LABcheck to
 do my AcuCheck and if was 172 that why my Head was hurting. This
 Retaliation because I Wrote her up when I fell in the Showr and I wrote
 her up as well Nurse Jackson who been Retaliate Against me for that

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

to talk to her about this matter ALSO About How Nurse Taylor
 fraternizing with Inmate and can't do her Job Right. All you have
 to do is Roll Back the tank

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Beri mckinnic 8-27-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D Wilson

SIGNATURE:

D Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

8/29/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

D Wilson

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE *Bof 5*

GRIEVANCE

NON-GRIEVANCE (REQUEST)

REFERRED TO:

 CERMAK HEALTH SERVICES SUPERINTENDENT: _____ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

McKinley

PRINT - FIRST NAME (Primer Nombre):

Beri

INMATE BOOKING NUMBER (# de identificación del detenido)

20140917248

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

8-27-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente):

8-27-16

TIME OF INCIDENT (Hora Del Incidente):

9:30 AM

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

Div-8 3F

Reason, AS Nurse Taylor was walking out the Door she said fuck me and just walk out the door on me while I was at the window then she came back and said to me write your grievance it not going to do no good A round all the inmate that was on the unit. Plus she don't say how she be in all the inmate faces talking and can't do her job. Roll back the 4 person see

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Berl malinie 8-27-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

8/29/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE REVIEWED:

8/29/16



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

166

REFERRED TO:

CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

McKenna

PRINT - FIRST NAME (Primer Nombre):

Rebekah

INMATE BOOKING NUMBER (# de identificación del detenido)

20140917248

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

8-27-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente):

8-27-16

TIME OF INCIDENT (Hora Del Incidente):

1:00 pm

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

Div-56 3F

I wrote a grievance on nurse Taylor 8-27-16 - And a inmate who was work out there were the office was, that wasn't here when she did what she did to me, so her and officer flavarrka who was working the unit that previous out with her talk about how they going to set me up, to get me, now I use to take a accucheck at 4:30 pm but the doctor change it to 9:00 am so the nurses on 11 to 7 shift ~~will do~~

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I don't feel comfortable with, I would like someone else to do my accucheck I am ask you all to have nurse Taylor to be removed from 3F because she is out to get me for what doesn't know

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
 (Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Rebekah McKenna 8-27-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

8/29/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

20F6

REFERRED TO:

CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

McKinley

PRINT - FIRST NAME (Primer Nombre):

Derek

INMATE BOOKING NUMBER (# de identificación del detenido):

2014091724

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

3F

8-27-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente):

8-27-16

TIME OF INCIDENT (Hora Del Incidente):

9:00 PM

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

Div-6 3F

give me my Acucheck no more At 4:30 AM. now I have to get it on 7 to 3 Shift At 9:00 AM in the morning. Plus S~~he~~ nurse taylor was out there (All) as me all kind of name. So I don't feel comfortable with her treatment because she might say I said something to her when I am not that of person. I am going to call my Lawyer Kenneth Flaxman and notify him about this. Also my mother so she can call the Superintendent Brown about this matter

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

And yes she did call last call for Acucheck but when I got up and got up to the desk to get my I.D there was n inmate at the window. And she say Refuse the Roll back the tape you all we see

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Berk McKinley 8-27-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

8/29/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

D. Wilson

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

306-5

REFERRED TO:

 CERMAK HEALTH SERVICES SUPERINTENDENT: _____ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

McKinney

PRINT - FIRST NAME (Primer Nombre):

Bard

INMATE BOOKING NUMBER (# de identificación del detenido):

20140917248

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

8-27-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente):

8-27-16

TIME OF INCIDENT (Hora Del Incidente):

2:00 PM

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

Div 8-3F

Plus I have a Pending Lawyer Suit on nurse taylor And Now She trying to Retalliate Against me now that the Doctor have change my for me to take my Acucheck and the Doctor change it to 9600 the time she is Doing Acucheck if you Roll back the tapes I have never had any contact with nurse taylor for to tell the officer I Disrespected her before when I dont feel comfortable with her treating. I feel she might try to write

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I spoke with SSK Hill he went and Roll the tape back and seen what nurse Taylor do he got some one to come down to 2F to give me my Acucheck while Nurse Taylor was plotting on to some

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Bard McKinney

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

8/29/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

D. Wilson

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

0026549

Exhibit 220 E

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

20167380

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

McKinzie

INMATE FIRST NAME (Primer Nombre):

Berk

ID Number (# de identificación):

20140917248

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

Physical) by CHS staff misconduct (NON-Physical)

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

RESPONSE BY PERSONNEL HANDLING REFERRAL:

DATE REFERRED:

9/30/16

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

9/30/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

9/30/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

9/30/16

 GRIEVANCE SUBJECT CODE: _____ NON-GRIEVANCE SUBJECT CODE: _____

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

9/24/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

Dore Taylor refuse to check my blood
And she always refusing to do her job. And she was heard telling
Inmate about my case that she took up. I heard her. And when I come
around she always telling the CO something about me. and this is what I told herADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Sí)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

Response standard

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

9/30/16

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):

9/30/16



EXHIBIT A 0025549
220
COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación)

GRIEVANCE

NON-GRIEVANCE (REQUEST)

CONTROL #

201684894

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

McKinnie

INMATE FIRST NAME (Primer Nombre):

Beth

ID Number (# de identificación):

20140917248

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

220 Misconduct (Non-Physical) by CHS Staff

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE // REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Cermak
Cermak counselor told me you can't say anything to me
he says you can't say anything to me

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

10/28/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

10/28/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

GRIEVANCE SUBJECT CODE: _____
 NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

X Beth McKinnie

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

11/1/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelación del detenido):

11/1/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

I want something done to nurse Taylor for telling inmate about my case also talking down about me. I haven't done anything to nurse Taylor. Some action need to be done

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
& Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Sí)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o / su designado(a)): _____

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)): _____

SIGNATURE (Firma del Administrador o / su Designado(a)): _____

DATE (Fecha):

11/1/16

INMATE SIGNATURE (Firma del Preso):

Beth McKinnie

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):

11/1/16



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

1 of 3
Exhibit B

REFERRED TO:

CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

McKinnie

PRINT - FIRST NAME (Primer Nombre):

Bert

INMATE BOOKING NUMBER (# de Identificación del detenido)

201409172487

DIVISION (División):

8

LIVING UNIT (Unidad):

BF

DATE (Fecha):

10-3-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

10-3-16

TIME OF INCIDENT (Hora Del Incidente)

11:30

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

Div 8 BF

On 10-3-16 A Inmate came and told me that Nurse Taylor was talking my business with he about she hate me and I wrote her up for not talking to me and this inmate was not here when I wrote Nurse Taylor up for not giving me my acccecheck and he also said that she told Nurse Right that I only wrote her up for not talking to me and she

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I want some action to happen to Nurse Taylor why is she telling any inmate about me also about my case and I wrote her up and I did not work and it not going work because she have

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Bert McKinie

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

10/4/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

D. Wilson

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)**GRIEVANCE FORM PROCESSED AS:**

EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

20F3

REFERRED TO:

CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

McKinie

PRINT - FIRST NAME (Primer Nombre):

Bret

INMATE BOOKING NUMBER (# de identificación del detenido):

20140917248

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

10-3-10

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente):

10-B-13

TIME OF INCIDENT (Hora Del Incidente):

2:30

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

Div 8-3F

Said Nurse Right Said Fuck that I am going to do any thing to you for that lie and didn't do any thing she ALSO TALK about I AM A LEGLESS DOG she hate me and she said me write didn't work fuck hem and I know what this Inmate said is not a lie because he didn't know I wrote nurse taylor and he WAS NOT IN DIV-8 he WAS IN DIV-10 when I wrote her of

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Nurse Right in her CORNER She is not working About my write up. And I thought I WAS Doing the Right thing by talking to nurse R About this Problem. I hasn't something Done Jr. Nurse taylor for this

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
 (Nombre del personal o presos que tengan información):

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Bret McKinie

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

10/4/10

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

303

REFERRED TO:

CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

mckinley

PRINT - FIRST NAME (Primer Nombre):

ber

INMATE BOOKING NUMBER (# de identificación del detenido)

20140917248

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

10-3-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

10-3-16

TIME OF INCIDENT (Hora Del Incidente)

1:30

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

Div-4F-3F

Also Nurse Right told me she Old talk to Nurse Taylor, well why is she still telling Inmates about me and why she said nurse Right is not going to do any to her because of me. and I talk to Nurse Right and I Respected what Nurse Right told me now she is taking Side and telling to me this what Nurse Taylor have said. I have talk to Nurse Right about this Problem now it is still going on

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I am ASKING some action be TAKING on Nurse Taylor
 She all so to the inmate I am mad because she wouldn't put her name on a write up I had on the control that not true

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

ber

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. CN

DATE CRW/PLATOON COUNSELOR RECEIVED:

10/4/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

REFERRED TO:

CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

McKinney

PRINT - FIRST NAME (Primer Nombre):

Bry

INMATE BOOKING NUMBER (# de identificación del detenido):

2014C917248

DIVISION (División):

6

LIVING UNIT (Unidad):

3F

DATE (Fecha):

10-3-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente):

10-3-16

TIME OF INCIDENT (Hora Del Incidente):

11:30

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

Div-8 3F

three weeks ago I talk to nurse Right about nurse Taylor
 And I told her about what nurse Taylor ~~had~~ done to me
 And Against me And I ask her for her help ^{like} and she
 told me she took care of the problem. now nurse Taylor is still telling
 Inmate about my case and that I wrote her up and that she got nurse Right
 in her corner she is not going to do any to her, the same thing is still going

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I won't nurse Right to deal with this problem like she told
 me she would. I respect nurse Right and her work but she didn't
 do what she told me she did. it is still happening I want some action

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
 (Nombre del personal o preso que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Bry Mc Kinney

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D Wilson

SIGNATURE:

D Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

10/4/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

D Wilson

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance
 Grievance
 Non-Compliant Grievance

Cermak Health Services
 Superintendent: _____
 Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

mckInnale

PRINT - FIRST NAME (Primer Nombre):

Bert

INMATE BOOKING NUMBER (# de identificación del Preso)

20140917249

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

9-11-17

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyeurismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
9-11-17	10:30 AM	Div- 8 8-3F	Nurse taylor MS. Leonor Nurse wright

Nurse taylor ~~I~~ has harass me since 2016. I have wrote multiple grievance on her and I have talk to Nurse wright and Ms. Leonor telling about what Nurse taylor is doing with on self. I wrote a grievance on Nurse taylor on ~~and she respond to the grievance I appealed that grievance and never going that grievance back. Now Nurse taylor is going around telling Inmate that I am in here for Raping Body when I am not multiple Inmate have came up to me asking me ~~what~~ in~~

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

D. Wilson

D. Wilson

9/12/17

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance
 Grievance
 Non-Compliant Grievance

Cermak Health Services
 Superintendent: _____
 Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

McKinale

PRINT - FIRST NAME (Primer Nombre):

Beri

INMATE BOOKING NUMBER (# de identificación del Preso):

20140917248

DIVISION (División):

9

LIVING UNIT (Unidad):

3R

DATE (Fecha):

9-11-17

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyeurismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
9-11-17	10:30 AM	Div-8-3F	Nurse Taylor MS Leonor Nurse Wright

here for Raping A Body, why is She continually harassing me and put them FALSE STATEMENT She is telling Inmates about me putting my life in Jeopardy but just in this Div but all of them because some of the Inmate who have ASK me this have move to 10, 9, 2, And dont know who they have told this to, but it is ALL over Div-8 because of Nurse Taylor, even the staff have been ASKING me what me and Nurse Taylor got going on, and I ASK why you all ask me this. And they said because She talk

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información:)

INMATE SIGNATURE : (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/12/17

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

D. Wilson

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY! (Para ser llenado solo por el personal de Inmate Services)

30F4

Emergency Grievance
 Grievance
 Non-Compliant Grievance

Cermak Health Services
 Superintendent: _____
 Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

McKinnie

PRINT - FIRST NAME (Primer Nombre):

Beri

INMATE BOOKING NUMBER (# de identificación del Preso)

20140917248

DIVISION (División):

46

LIVING UNIT (Unidad):

3F

DATE (Fecha):

9-11-17

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyeurismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
9-11-17	10:30 AM	Div-8-3F	Nurse Taylor MS Leonor Nurse Wright

About you every day, the nurses have said this to me and the officer have came to me with this. Look I have ask you all to get her from around me and every one have close they ears to my cry. I talk to nurse Wright, MS Leonor face to face about this now no one have done any thing. Now I am at my end with this. I don't want to do any thing to nurse Taylor. I am asking you one more time to get her a way from me I can't take no more and I mean this no more please get her from

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/12/17

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

D. Wilson

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY! (! Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance
 Grievance
 Non-Compliant Grievance

Cermak Health Services
 Superintendent:
 Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

McKinne

PRINT - FIRST NAME (Primer Nombre):

Bent

INMATE BOOKING NUMBER (# de identificación del Preso)

20140917245

DIVISION (División):

86

LIVING UNIT (Unidad):

3F

DATE (Fecha):

9-11-17

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-lail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyeurismo, o abuso. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correción (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
9-11-17	10:30 AM	Div-8-3F	nurse + taylor ms leonor Nurse Wright

Around me. I am calling my Lawyer Flaxmen who is a civil Lawyer and my Criminal Lawyer Greenbird steven. Also my Mother who will be calling out here number 773-674-0212, 773-674-8090. Also here is the number to the grievance that she her self appealed 201708732 on 6/30/17 I appealed this grievance. I am asking you all to Remove her from this floor of the Building. Don't worry her to have no contact with me in no way that why I ask You all to Remove her from this Building, office consultation on Second and 5th floor.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/12/17

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

VERIFICATION

#20171217043

I Jerry WATTS Swear To the Court that I
Am the one who Wrote this Complaint For Mr.
McKinne. I Declare, Under Penalty Of Perjury,
That I AM the one who Done All the Legal Work on
this 1983 form. I Swear To the Court the Infor-
mation is true. Under Penalties AS Provided by LAW
Pursuant to 735 IL CS 5/1-109, I certify that the
statements set forth in this foregoing verification
are true and correct. Mr. McKinne have no knowledge
of the law. I am the in proxy one who help
Mr. McKinne on this Legal matter. I am asking
the court to appoint Mr. McKinne an attorney
to represent him on this matter. The information
in this verification are true and correct to the
best of my knowledge.

Jerry WATTS

#20171217043

Signature

Bert McKinnle #20146917246
Po Box 089002
Chicago IL 60608



RECEIVED

JAN 17 2018

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

01/17/2018-28

Prisoner Correspondence
Clerk of the Court
219 South Dearborn Street
Chicago IL 60604
"Legal mail"

1:18-cv-00471
Judge John Z. Lee
Magistrate Judge Geraldine Soat Brown
PC8